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TRANSMITTAL	Filing Date	10/10/2003	RECEIVED
FORM	First Named Inventor	Batni	CENTRAL FAX CENTER
. 0	Art Unit	2642 ·	
	Examiner Name	Benny Quoc Tieu	AUG 0 3 2005
(to be used for all correspondence after to	Attorney Docket Number	LUC-440/Batni 2-1-4-1-3	1
Total Number of Pages in This Submission	<u>'</u>	200-40/088112-1-4-1-4	
<u> </u>	ENCLOSURES (Check all	that apply)	
Fee Transmittal Form Fee Attached  Amendment/Reply  After Final	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application	App App (A)	peal Communication to Board Appeals and Interferences  peal Communication to TC  peal Communication to TC  peal Notice, Brief, Reply Brief)  opticiary Information
After Final After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Power of Attorney, Revocation Change of Correspondence Attorney Terminal Disclaimer Request for Refund	Address Start Star	atus Letter her Enclosure(s) (please identify low): lental Preliminary Amendment and Payment Form
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.5			
	NATURE OF APPLICANT, ATTO	RNEY, OR AGEN	<u> </u>
Firm Name Pattl & Brill, LLC Signature	+0-3·M	· · · · · · · · · · · · · · · · · · ·	·
Printed name Robert J. Brill	J. Vany		
Date August 3, 2005		Reg. No. 36,760	
I hereby certify that this correspondence	CERTIFICATE OF TRANSMISS Is being facsimile transmitted to the USPT	O or deposited with the	United States Postal Service with
sufficient postage as first class mail in an the date shown below: Signature	n envelope addressed to: Commissioner for	r Patents, P.O. Box 145	50, Alexandria, VA 22313-1450 on
- Robert J Bril	ey. oan	De De	the August 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for educing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Robert J. Brill

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PAGE 1/22 \* RCVD AT 8/3/2005 4:06:07 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/28 \* DNIS:2738300 \* CSID:312 346 2810 \* DURATION (mm-ss):09-52

Date August 3, 2005

Name (Print/Type) Robert J. Brill

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE a collection of information unless it displays a valid OMP control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/683,969 Application Number Filing Date 10/10/2003 For FY 2005 First Named Inventor Batni **Examiner Name** Benny Quoc Tieu Applicant claims small entity status. See 37 CFR 1.27 2642 Art Unit TOTAL AMOUNT OF PAYMENT 100.00 Attorney Docket No. LUC-440/Batni 2-1-4-1-3 METHOD OF PAYMENT (check all that apply) Money Order Check Credit Card None Other (please identify): Deposit Account Deposit Account Number: Decosit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION**  BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 200 100 150 250 200 130 65 Design 100 100 50 200 100 300 150 160 80 Plant 600 500 300 Reissue 300 150 250 Provisional 200 100 n O n Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (5) Fee Description Each claim over 20 (including Reissues) 50 100 200 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fee Paid (\$) \$100.00 Fee (\$) Fee Paid (\$) - 20 or HP = \$50,00 HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = \$100.0 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (S125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof <u> Fee Paid (\$)</u> Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 36,760 Telephone (312) 346-2800 Signature (Attorney/Agent)

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Effective on 12/08/2004.		Complete If Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/683,969			
FEE TRANSMITTAL	Filing Date	10/10/2003			
For FY 2005	First Named Inventor	Batni			
	Examiner Name	Benny Quoc Tieu			
Applicant claims small entity status. See 37 CFR 1.27	Art Únit	2642			
TOTAL AMOUNT OF PAYMENT (\$) 100.00	Attorney Docket No.	LUC-440/Batnì 2-1-4-1-3			
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments					
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION					
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEAF     Small Entity	RCH FEES EXA	MINATION FEES Small Entity	,		
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Reissue 300 150 500	250 60		<del></del>		
Provisional 200 100 0	0	0 0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims peld for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 (or small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof  -100 = /50 = (round up to a whole number) x  Fee Paid (\$)  Fee Paid (\$)					
SUBMITTED BY					
Ignature Registration No. 36,760 Talephone (312) 346-2800					
Name (Print/Type) Robert J. Brill		Date August 3, 2005	_		

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LUC-440/Batni 2-1-4-1-3

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APPLICANTS:

Batni et al.

**EXAMINER:** 

Benny Quoc Tieu

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SERIAL NO.:

10/683,969

GROUP: 2642

CONF. NO.:

3295 AUG 0 3 2005

FILED:

10/10/2003

DOCKET:

LUC-440/Batni 2-1-4-1-3

TITLE:

FEEDBACK TO CALLING COMMUNICATION DEVICE ON CALL

CONNECTED WITH INTELLIGENT NETWORK SIGNALING

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being sent via facsimile transmission to Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, at fax number (571) 273-8300, on August 3, 2005.

Robert J. Brill

Attorney for Applicants

Reg. No. 36,760

Date of Signature: August 3, 2005

Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria, VA 22313-1450 Fax Number (703) 872-9306

## SUPPLEMENTAL PRELIMINARY AMENDMENT

Dear Sir:

This paper supplements the Preliminary Amendment filed on November 9, 2004. Prior to examination of the above-referenced application, please amend the application as follows.

08/04/2005 TL0111

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